Small Group Census Form

Insure Connecticut, LLC
71 Raymond Road
West Hartford, CT 06107
(860) 970-0977
www.myinsurect.com

Formal Company Name: _____ DBA: _____

Physical Street Address: _____ City: _____ St: ____ Zip: _____County: _____

Company Phone: _____ Hours: _____ Website: _____

Contact Person: _____ Phone: _____ Email: _____ Title: _____

#	Employee Names List all full-time employees	Sex	Date of Birth	Zip Code	County	Tobacco? Y / N	Enrolling Type*	Spouse DOB	Child1 DOB	Child 2 DOB	Child 3 DOB
Ex.	*John Smith*	*M*	*12/09/1976*	*48167*	*Wayne*	*N*	*ECH*		*05/15/2012*	*06/05/2005*	*05/15/2014*
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*Enrolling Type: EE = Employee Only, ESP = Employee/Spouse, EC = Employee/Child, ECH = Employee/Children, FAM = Family, W = Waive

Number of Eligible Employees: ____ Total Waiving Coverage: ____ Total Enrolling in Coverage: ____ Employer Contributions ($ or %) : _____